STATE OF CALIFORNIA CERTIFICATE OF INSURANCE FOR CLOSURE

Reliance Insurance Company of Illinois				
Name of Insurer				
(the "Insurer"), ofFreeport, Illinois				
Address of Insurer				
License Number: 159-24481				
Oxford Tire Recycling of Northern California, Inc.				
Name of Insured				
(the "Insured"), ofP.O. Box 969, Westley, CA 95387				
Address of Insured				
Major Waste Tire Facilities Covered: (Enter closure amounts separately. All amount must total face amount.)				
Name: Westley Tire Pile				
-e				
Address: 4561 Ingram Creek Road, Westley, CA 95387				
Major Waste Tire Facility Identification Number: 50TI0010				
Closure Insurance Amount: \$1,000,000				
Policy Number: NTA251274101 Effective Date: 3/27/97				
Face Amount: \$1,000,000				

INSURER CERTIFICATION

The insured hereby certifies that it has issued to the insured the identified policy of insurance to provide financial assurance for Closure for the facility(ies) identified above. The policy provides that monies identified in the face amount above will be available to close the Major Waste Tire Facility(ies) whenever closure occurs. The term "face amount" means the total amount the insurer is obligated to pay under the policy. Actual payments by the insurer will not change the face amount, although the insurer's future liability will be lowered by the amount of the payments. The insurer further warrants that the policy conforms in all respects with the coverage for closure requirements of Division 30, Section 42821(c) of the Public Resources Code, the regulations of the California Department of Insurance and under the terms and conditions described in Division 1 of the California Insurance Code for the facility(ies) identified above, as applicable and as such regulations were constituted on the date shown below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

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The insurer certifies that it will not cancel, terminate, or fail to renew this policy except for failure to pay the premium, and that the automatic renewal of the policy provides the insured with the option of renewal at the face amount of the expiring policy. If there is a failure to pay the premium and the insurer elects to cancel, terminate or not renew the policy, the insurer will send notice by either registered or certified mail to the operator, the California Integrated Waste Management Board(CIWMB) and the local enforcement agency. Cancellation, termination, or failure to renew may not occur, however, during the one hundred twenty (120) days beginning with the date of receipt of the notice by the operator, the CIWMB and the local enforcement agency, as evidenced by the return receipt. Cancellation, termination, or failure to renew will not occur and the policy will remain in full force and effect in the event that on or before the date of expiration:

- (1) The Board or local enforcement agency deems the facility abandoned; or
- (2) The permit is terminated or revoked or a new permit is denied by the Board or local enforcement agency; or
- (3) Closure is ordered by the Board, or any other State or federal agency, or a court of competent jurisdiction; or
 - (4) The operator is named as a debtor in a voluntary or involuntary proceeding under Title 11 (Bankruptcy) U.S. Code; or
 - (5) The premium due is paid.

The Insurer further certifies that reimbursements for closure and/or postclosure maintenance expenditures will be granted only if the remaining value of the policy is sufficient to cover the remaining approved costs of closure or postclosure and if the expenditures have been reviewed and approved in writing by the CIWMB or its designee.

Whenever requested by the California Integrated Waste Management Board of the State of California, the insurer agrees to furnish to the Board a certified copy of the original policy listed above, including all endorsements thereon.

In the event this policy is used in combination with another mechanism, this policy shall be considered primary _____ or excess _X _ (check one) coverage.

The parties below certify and sign under penalty of perjury that the information in this document is true and correct to the best of his or her knowledge, and is being executed in accordance with the requirements of Public Resources Code, Section 43600.

1.62

(Authorized Signature of Insurer)

Mark Vuono

(Typed or Printed Name of Person Signing)

Executive Vice President

(Title)

Lynde S. Keretimen

Notarial Seal Lynda S. Keretzman, Notary Public Uwchlan Twp., Chester County My Commission Expires June 19, 2000

Member, Pennsylvania Association of Notaries

7/24/97

(Date)

Privacy Statement

The information Practices Act (California Civil Code Section 1798.17) and the Federal Privacy Act (5 U.S.C. 552a(c)(3)) require that this notice be provided when collecting personal information from individuals.

AGENCY REQUESTING INFORMATION: California Integrated Waste Management Board

UNIT RESPONSIBLE FOR MAINTENANCE FOR FORM. Financial Assurances Section, California Integrated Waste Management Board, 8800 Cal Center Drive, Sacramento, CA 95826. Contact the Manager, Financial Assurances Section, at (916) 255-2200.

AUTHORITY: Public Resources Code section 42821

PURPOSE: The information provided will be used to verify adequate financial assurance for the major waste tire facility or facilities listed.

REQUIREMENT: Completion of this form is mandatory. The consequence of not completing this form is denial or revocation of a permit to operate a major waste tire facility.

OTHER INFORMATION: After review of this document, you may be requested to provide additional information regarding the acceptability of this mechanism.

ACCESS: Information provided in this form may be provided to the U.S. Environmental Protection Agency, State Attorney General, Air Resources Board, California Department of Toxic Substances Control, Energy Resources Conservation and Development Commission, Water Resources Control Board, and California Regional Water Quality Control Boards. For more information or access to your records, contact the California Integrated Waste Management Board, 8800 Cal Center Drive, Sacramento, CA 95826, (916) 235-2200

NOTICE OF CANCELLATION, NONRENEWAL, CONDITIONED RENEWAL OR CHANGE IN POLICY PREMIUM/TERMS

INSURANCE			PULIGY PREMIUM/TERMS (California)	
COMPANY	•	Reliance Insurance Company of Illinois	(CONTOURS)	
		Freeport, Illinois	Closure and/or Post Closure	
			POUCY NO. NTA251274102	
			CANCELLATION, EXPIRATION OR CHANGE WILL DATE EFFECT AT	
NAME AND		OXFORD TIRE RECYCLING OF	,	
ADDRESS OF INSURED		NORTHERN CALIFORNIA, INC.	August 8, 1998 12:01 A.M. ***	
OF MOUNED		4561 Ingram Creek Road	DATE OF MAILING ADRIL 15, 1998	
		P.O. Box 969	ESSUED THROUGH AGENCY OR OFFICE AT ECS, Inc., 520 Eagleview Blvd.,	
		Westley, CA 95387	P.O. Box 636, Exton, PA 19341-0636	
		(Applicable item marked [X])		
CANCEL-	X		nentioned policy, and in accordance with law, that your insurance will	
LATION	-	cease at and from the hour and date mentioned above.	•	
		Reasen for cancellation: Nonpayment of premium.		
		You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance cease at and from the hour and date mentioned above.		
		Reason(s) for cancellation:		
		If this cancellation pertains to a policy providing insurance on real property used p	redominently for residential purposes, consisting of not more than four	
		dwelling units, or on personal property other than used in the conduct of a commerc than those arising from the conduct of a commercial or industrial enterprise, and	ial or industrial enterprise, or for legal liability primarily for risks other:	
		a renewal, upon your written request we will furnish the facts on which the cano	eliation is based.	
	_	See also the "Important Notices" section below for Additional Information Regarding	the Reason(s) for Cancellation, and for other information that may apply.	
Premium	Н	A bill for the premium earned to the time of cancellation will be forwarded in du	and the second s	
Adjustment	l۲	Premium adjustment will be made as soon as practicable after cancellation become		
	片	Enclosed is \$		
		Other:	THE IN THE CONDICES AND DE TOTALISES OPEN COMMENT.	
NON-		You are hereby notified in accordance with the terms and conditions of the above m		
RENEWAL		policy will expire effective at and from the hour and date mentioned above and the	ne policy will NOT be renewed.	
		Reason(s) for nonrenewal:		
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	i		@ 15 10 1111	
	l	See the "Important Notices" section below for other information that may apply.		
		See the important notices section below to other information that may approx	16/15 6 2008 10/1	
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INSURED'S COPY

Peter A. Pantalione III

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